DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request;

Information Collection Request Title: Data System for Organ Procurement and

Transplantation Network, OMB No. 0915-0157 - Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and

Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*].

ADDRESSES: Submit your comments to paperwork@hrsa.gov or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer at (301) 443-9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information collection request title for reference.

Information Collection Request Title: Data System for Organ Procurement and Transplantation Network (OPTN), OMB No. 0915-0157 – Revision.

Abstract: Section 372 of the Public Health Service Act requires that the Secretary of HHS, by contract, provide for the establishment and operation of a private, non-profit entity the OPTN, which on behalf of HRSA, oversees the U.S. donation and transplantation system. The OPTN Board of Directors (BOD) determines what data must be collected to appropriately fulfill their responsibilities pursuant to their regulatory authority in 42 CFR 121.11 of the OPTN Final Rule. HRSA, on behalf of the OPTN BOD and in alignment with the Paperwork Reduction Act of 1995, submits OPTN BOD-approved data elements for collection to OMB for official federal approval.

Need and Proposed Use of the Information: HRSA and the OPTN BOD use data to develop transplant, donation, and allocation policies; to determine whether institutional members are complying with policy; to determine member-specific performance; to ensure patient safety, and to fulfill the requirements of the OPTN Final Rule. In addition, the regulatory authority in 42 CFR 121.11 of the OPTN Final Rule requires the OPTN data to be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, HHS, and members of the public for evaluation, research, patient information, and other important purposes.

This is a request to revise the current OPTN data collection which includes timesensitive, life-critical data on transplant candidates and donors, the organ matching process,
histocompatibility results, organ labeling and packaging, and pre- and post-transplantation data
on recipients and donors. This revision also includes OPTN BOD-approved changes to the
existing OMB data collection forms. The OPTN collects these specific data elements from
transplant hospitals, organ procurement organizations, and histocompatibility laboratories.
The OPTN uses this information to (1) facilitate organ placement and match donor organs with
recipients, (2) monitor compliance of member organizations with federal laws and regulations

and with OPTN requirements, (3) review and report periodically to the public on the status of organ donation and transplantation in the United States, (4) provide data to researchers and government agencies to study the scientific and clinical status of organ transplantation, and (5) perform transplantation-related public health surveillance including the possible transmission of donor disease.

HRSA is requesting to make the following OPTN BOD-approved changes to improve the OPTN organ matching and allocation process and improve OPTN member compliance with OPTN requirements:

- (1) Adding data collection forms from the OPTN donor management and organ matching system to the existing OMB-approved information collection. The system allows an organ procurement organization to add donors, run the donor/potential transplant recipients matches, and place a donated organ(s) with a computer-matched potential transplant recipient. Transplant centers will access the system to view posted donor information to assist them with accepting decisions, along with other donor/potential transplant recipient functions such as entering offer responses and verifying organ offer refusals. The OPTN donor management and organ matching system is comprised of eight data collection forms: initial donor registration, organ procurement organization notification limit administration, potential transplant recipient, death notification registration, deceased donor death referral, donor hospital registration, donor organ disposition, and transplant center contact management.
- (2) The OPTN BOD-approved additional revisions to existing data collection forms to improve organ matching, allocation, and OPTN policy compliance.
- (3) Existing OPTN data collection forms that collect a single race and ethnicity variable will be revised to collect separate race and ethnicity variables, following the minimum standards for collecting and presenting data on race and ethnicity for all federal reporting found within *Revisions of Standards for the Classification of*

Federal Data on Race and Ethnicity, OMB Statistical Policy Directive No. 15 in Federal Register, 62 FR 58782 (Oct. 30, 1997). Improving data collection around race and ethnicity information of donors and candidates aligns with Executive Order 13985, which calls on agencies to advance equity through identifying and addressing barriers to equal opportunity that underserved communities may face due to government policies and programs.

Likely Respondents: Transplant programs, organ procurement organizations (OPO), and histocompatibility laboratories.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

The estimated total estimated burden hours for this collection increased by 213,662 hours from the currently approved ICR package. This increase is due to the addition of eight collection forms from the OPTN donor management and organ matching system to this data collection package, specifically the burden increase from the Potential Transplant Recipient form. While the data fields collected on the Potential Transplant Recipient form are limited, the volume of organ offer responses is significant due to the large number of potential transplant recipients shown on the organ match run results. The organ match run results produce thousands of potential transplant recipients that require responses from OPOs and transplant hospitals. This volume of candidates significantly impacts the total burden hours for this form.

Total Estimated Annualized Burden Hours:

E N.	Number of	Number of Responses per	Total	Average Burden per Response	Total Burden
Form Name	Respondents*	Respondent	Responses	(in hours)	Hours
Deceased Donor Registration	57	243.560	13,883	1.09	15,132
Living Donor Registration	216	28.106	6,071	2.19	13,295
Living Donor Follow-up	216	90.550	19,559	1.52	29,730
Donor Histocompatibility	141	149.184	21,035	0.20	4,207
Recipient Histocompatibility	141	264.950	37,358	0.40	14,943
Heart Transplant Candidate Registration	145	34.586	5,015	0.90	4,514
Heart Transplant Recipient Registration	145	26.324	3,817	1.40	5,344
Heart Transplant Recipient Follow-Up (6 Months)	145	24.400	3,538	0.40	1,415
Heart Transplant Recipient Follow-Up (1-5 Years)	145	104.140	15,100	0.90	13,590
Heart Transplant Recipient Follow-Up (Post 5 Year)	145	171.100	24,810	0.50	12,405
Heart Post-Transplant Malignancy Form	145	13.170	1,910	0.90	1,719
Lung Transplant Candidate Registration	72	42.970	3,094	0.90	2,785
Lung Transplant Recipient Registration	72	35.010	2,521	1.20	3,025
Lung Transplant Recipient Follow-Up (6 Months)	72	33.630	2,421	0.50	1,211
Lung Transplant Recipient Follow-Up (1-5 Years)	72	139.940	10,076	1.10	11,084
Lung Transplant Recipient Follow-Up (Post 5 Year)	72	136.280	9,812	0.60	5,887
Lung Post-Transplant Malignancy Form	72	22.630	1,629	0.40	652
Heart/Lung Transplant Candidate Registration	70	0.960	67	1.10	74
Heart/Lung Transplant Recipient Registration	70	0.640	45	1.30	59
Heart/Lung Transplant Recipient Follow-Up (6 Months)	70	0.600	42	0.80	34
Heart/Lung Transplant	70	2.100	147	1.10	162

Recipient Follow-Up					
(1-5 Years)					
Heart/Lung Transplant					
Recipient Follow-Up	70	3.360	235	0.60	141
(Post 5 Year)					
Heart/Lung Post-Transplant	70	0.290	20	0.40	8
Malignancy Form	70	0.270	20	0.40	
Liver Transplant Candidate	143	96.920	13,860	0.80	11,088
Registration	143	90.920	13,800	0.80	11,000
Liver Transplant Recipient	143	64.580	9,235	1.20	11.092
Registration	143	04.360	9,233	1.20	11,082
Liver Transplant Recipient					
Follow-Up (6 Month - 5	143	320.266	45,798	1.00	45,798
Year)					
Liver Transplant Recipient	1.42	204 220	54.050	0.50	27.470
Follow-Up (Post 5 Year)	143	384.320	54,958	0.50	27,479
Liver Recipient Explant	1.42	7.200	1.044	0.60	(2)
Pathology Form	143	7.300	1,044	0.60	626
Liver Post-Transplant		10.060	2 - 2 - 2	0.00	2.101
Malignancy	143	19.060	2,726	0.80	2,181
Intestine Transplant					
Candidate Registration	21	6.860	144	1.30	187
Intestine Transplant					
Recipient Registration	21	4.570	96	1.80	173
Intestine Transplant					
Recipient Follow-Up (6	21	20.050	421	1.50	632
Month - 5 Year)	21	20.030	721	1.50	032
Intestine Transplant					
Recipient Follow-Up (Post 5	21	40.190	844	0.40	338
Year)	21	70.170	0-1-1	0.40	336
Intestine Post-Transplant					
Malignancy Form	21	0.620	13	1.00	13
Kidney Transplant Candidate					
Registration	234	177.000	41,418	0.80	33,134
Kidney Transplant Recipient	234	105.397	24,663	1.20	29,596
Registration					
Kidney Transplant Recipient	224	517 104	121 007	0.00	100.006
Follow-Up (6 Month - 5	234	517.124	121,007	0.90	108,906
Year)					
Kidney Transplant Recipient	234	525.103	122,874	0.50	61,437
Follow-Up (Post 5 Year)					
Kidney Post-Transplant	234	24.474	5,727	0.80	4,582
Malignancy Form			,		,
Pancreas Transplant	120	2.650	318	0.60	191
Candidate Registration					
Pancreas Transplant	120	1.190	143	1.20	172
Recipient Registration				1.20	
Pancreas Transplant		_		_	
Recipient Follow-Up (6	120	6.680	802	0.50	401
Month - 5 Year)					
Pancreas Transplant	120	17.820	2138	0.50	1,069

D 11 TI (D 15					
Recipient Follow-Up (Post 5 Year)					
Pancreas Post-Transplant	120	1.060	127	0.60	76
Malignancy Form	120	1.000	127	0.00	70
Kidney/Pancreas Transplant	120	12.450	1,494	0.60	896
Candidate Registration	120	12.130	1,171	0.00	070
Kidney/Pancreas Transplant	120	6.840	821	1.20	985
Recipient Registration	120	0.010	021	1.20	702
Kidney/Pancreas Transplant					
Recipient Follow-Up	120	39.440	4,733	0.50	2,367
(6 Month - 5 Year)					
Kidney/Pancreas Transplant					
Recipient Follow-Up	120	69.410	8,329	0.60	4,997
(Post 5 Year)					
Kidney/Pancreas Post-	120	2.490	299	0.40	120
Transplant Malignancy Form	120	2.470	2))	0.40	120
VCA Transplant Candidate	21	0.330	7	0.40	3
Registration	21	0.550	,	0.40	<u> </u>
VCA Transplant Recipient	21	0.190	4	1.36	5
Registration	21	0.170		1.50	
VCA Transplant Recipient	21	1.000	21	1.31	28
Follow Up	21	1.000	21	1.51	20
Organ Labeling and	57	247.720	14,120	0.18	2,542
Packaging		217.720	11,120	0.10	2,3 12
Organ Tracking and	308	19.487	6,002	0.08	480
Validating		151.107	5,002	0.00	
Kidney Paired Donation	159	1.200	191	0.29	55
Candidate Registration				02	
Kidney Paired Donation	159	1.560	248	1.08	268
Donor Registration					
Kidney Paired Donation	159	1.520	242	0.67	162
Match Offer Management					
Disease Transmission Event	308	1.810	557	0.62	345
Living Donor Event	251	0.155	39	0.56	22
Safety Situation	449	0.600	269	0.56	151
Potential Disease	57	0.720	497	1 27	631
Transmission	37	8.720	49/	1.27	031
Request to Unlock Form	449	42.399	19,037	0.02	381
Initial Donor Registration	57	335.720	19,136	3.00	57,408
OPO Notification Limit	57	0.490	28	0.17	5
Administration		, 3		3.1,	
Potential Transplant	308	4718.480	1,453,292	0.05	72,665
Recipient				0.00	. =,000
Death Notification	57	185.770	10,589	0.42	4,447
Registration				J	-,,
Deceased Donor Death	57	53.840	3,069	0.50	1,535
Referral					, -

Donor Hospital Registration	57	0.040	2	0.08	0
Donor Organ Disposition	57	335.720	19,136	0.17	3,253
Transplant Center Contact Management	251	637.500	160,013	0.06	9,601
Total = 70 forms	9,146		2,352,736		643,929

^{*} The numbers of respondents and the numbers of total responses in the burden table were updated with 2021 OPTN data and reflect increases in the number of organ transplants and changes in the number of respondents (Transplant Hospitals, OPO, and Histocompatibility Labs).

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's and the OPTN's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022-21119 Filed: 9/28/2022 8:45 am; Publication Date: 9/29/2022]